Minutes
STOCKTON HEATH MEDICAL CENTRE
PATIENT PARTICIPATION GROUP
Wednesday 22 February 2023
5.00pm – 6.00pm (remote on TEAMS)

Attendees: Kath Douglas-Furner, Joanne Price, Mary Chuck, Richard Utley, Derick Acton, Bernie Wilkinson, Karen Chriscoli
Apologies: Jane Brown

Patchs (on-line consultations) Launch Delay

Due to concerns raised across Warrington and Merseyside areas regarding functionality of the Patchs platform, the planned start has been halted until the system has been reviewed further. Discussed review below. PPG members were supportive of the Practice decision and raised concerns that there was little engagement with Practice team prior to decision for which platform would be commissioned. Very low level engagement with patients in the summer (should this have been more?). PPG members shared they are aware of initial problems with eConsult but are impressed with the process now, can see that the Practice are giving better service to patients and that patients can book in advance much better than previously. PPG members concerned how vulnerable patients will access care. Concerned about having to register for Patchs before it can be used, what will happen for patients who don't attend regularly and don't know system has changed? PPG members concerned that the platform has only been commissioned for 3 years (same as eConsult), they feel it doesn't give time for the processes to be adopted/embedded/ understood by patients; concerned we will be in similar situation in less than 3 years due to the delay. Confusing for patients and staff.

Review of on-line access – eConsult, January 2023
What worked well/what needed adjusting/how do we want Patchs to work for us?
Good

- ✓ eConsult has helped us to embed total triage and increase access for patients. We don't work on "full by 9am, although on-line econsults may be switched off, we continue to take requests via telephone/at front desk. (patients are unhappy when eConsults are switched off though as they feel it reduces there options, happy to spend time filling eConsult but not to wait for telephones to be answered).
- ✓ eLite means that receptionist can help patients who do not have on-line access so there is no discrimination of those less tech savvy/vulnerable.
- ✓ Distribution of workload across the Practice team has been one improvement.
- ✓ Introduction of ARRS – Mental Health Practitioner and First Contact Physio, has helped patients get the appropriate care
- ✓ Enhanced Access – staff need to be more mindful of slot availability

- ✓ Paramedics – some teething issues – too many are referred back for GP to prescribe (our patients unhappy at travelling across to Culcheth/Manchester
- ✓ Being able to offer patients appointment in advance once triaged – huge improvement on previous system.

Poor

- ➢ Taking eLite over the phone means receptionist takes longer to answer calls as it can take 5-10 mins to process).
- ➢ Transferring eConsult from email is almost a full-time admin job, so time consuming!
- ➢ When eConsult is switched off the admin access reduces too and over the last 12 months we have seen a large increase in email traffic.
- ➢ The overwhelming demand from patients led us to switching off 24 hour access and some days we can only manage it to be switched on for 1-3 hours.
- ➢ eConsult is not good at directing patients elsewhere the system doesn't seem to direct patients away from "ask GP/our patients don't seem happy with Pharmacist advice/being referred to Community Pharmacist Referral System – how can we improve the uptake? Is it lack of confidence/knowledge by clinician/admin/patients?

111 phone line has an extremely long response time, I think patients have a lack of confidence in the service and so do not contact or if they do, they still end up contacting the surgery for advice.

Accurx – what works so well? Why do we want to keep it?
Feedback from Admin Team:
Accurx is invaluable, for communicating with the patients.
Sending of appointments, allowing the pt to reply to us,
sending information to new pt's just registered,
I am constantly using it all day long and it will have a devastating effect to loose it.
The very occasional time it isn't working leads to us having to contact the patient by phone and they won't often answer as we are a withheld number, this means we are less efficient, wasting time. A text reply can come back with minutes.
I like Accurx as handy asking patients for photos, asking sick note details etc. And providing patient the appointment details with a link to be able to reply if unable to attend the appointment. Being able to have the reply sent to RECEPTION for all members of staff to deal with. I also use it for asking a patient if they can confirm they have moved to another surgery prior to deduction.
Feedback from Clinical Team:
The system provides real time contact with patients, communication is great, you can ask question, share information, attach documents etc. The dialogue can be saved in the patient records. I like the text back option so it can be conversational and also I can text a patient and ask say if you need me to speak to you again in the next couple

of weeks get back in touch, thus reducing phone calls - call lines blocked and tasks - admin person's time.
Some patients who have a telephone consultation but not picking up I can text to see if they still want a call - reducing DNA and clinician wasting time.
The use of templates is really good for some of the CDM work etc.
I use for consent and information giving after speaking to a patient.
I can see the replies alerts when I am working I don't have to look in another 'box' elsewhere that I may miss
Justin thinks the video calls are really good with accuRx.
We are much more efficient, and patient focused in the use of this tech.
Boxes for answer can be shared.

Patchs
All work comes into Patchs inbox and at present will need to be added to EMIS
Still lots of functions to be made "live"
Concerns not confirmed that different pathways links ie to 111/pharmacy will be switched on.
Patchs doesn't yet have the functionality of Accurx for text messaging.
Doesn't have generic templates already, we would have to add them.
There may be additional charge for SMS but not confirmed.
We need to decide how many per hour can come through/ Patchs has the functionality to switch off just clinical requests.
Are we going live with all clinicians or just a few?
Would be good if all admin could come through Patchs rather than email.

FAQ's

1. **Can patients book appointments into the clinical system via PATCHS?** Patients can book appointments directly into the clinical system using:
   - o **Patient Facing Services:** The practice needs to make the appointments available in the clinical system via online services: https://help.patchs.ai/hc/en-gb/articles/6162856614551-Booking-an-appointment-with-your-GP-Practice and the patient needs to be enabled for Patient Facing Services:https://help.patchs.ai/hc/en-gb/articles/4411202638743-Linking-your-Online-Services-account-to-PATCHS (linking your Online Services account to PATCHS)
   - o **Self-Book:** patients to self-book upon invite for particular slots (specified by the staff member sending the invite) in the PATCHS portal, and these will be saved straight to the clinical system appointment book. This is due for release in February 2023 (TPP) and March 2023 (EMIS)
2. **Can we ring-fence appointments so when sending messages out to ask patients to book into, for example smear appointments, only**

those patients contacted can book in? This is due for release in February 2023 (TPP) and March 2023 (EMIS)

3. **Does it support self-book into flu clinics set up in EMIS/TPP via batch messaging invitations?** This is will be available shortly after the Self-book feature is released.

4. **How is the practice notified when a patient has booked an appointment?** It currently does not notify the practice, they will just see the appointment in the appointment book in the clinical system.

5. **How can a practice review an appointment and make suggestions for a day and time that may be better suited for the appointment reason?** The practice can message the patient directly at any time via SMS or email

6. **Does PATCHS send out appointment reminders?** PATCHS sends appointment reminders for appointments that are booked through PATCHS and appointments booked into TPP. It will be available for appointments booked in EMIS by March 2023.

7. **Do appointment reminders have the text back CANCEL option?** Yes. There is a link on the reminder message that the patient can click to cancel the appointment.

8. **If a Clinician is absent from work, does PATCHS bulk cancel the appointments booked and send texts to the patients saying their appointment has been cancelled?** No. The practice would need to bulk cancel the appointment in EMIS, and then send a bulk message to those affected patients via PATCHS. We are investigating adding this feature.

9. **When an appointment has been completed and a GP Practice sends a survey link via text within PATCHS, how does this survey feed back into PATCHS?** We will be adding a new feature to send the Friends and Family Test after an appointment soon. In addition, PATCHS automatically asks for feedback after each online contact with the practice. This is accessible to the practice within PATCHS.

10. **Can you set Friends and Family messages to send to specific slot types after the appointment?** The friends and family test are currently asked in PATCHS after a patient submits a request or responds to a practice message. We are looking to set this up to ask patients after appointments as well.

11. **What do booked slots have to do with appointments?** Booked slots are separate to appointment booking. They are a way to assign PATCHS requests to specific users for them to deal with on a future date. The aim is to support routine care as well as on-the-day demand. This can help spread demand and match it to your staff capacity. It combines the advantages of an appointment book, with the flexibility of an inbox to prioritise and respond to patients as you see fit. This is to

support routine (https://help.patchs.ai/hc/en-gb/articles/4408149582231-Booked-slots)

Demand Limiter

1. **Can PATCHS be configured to limit the number of patient requests?** Yes.
   - PATCHS offers full demand control. Practices can turn PATCHS on/off at any time with 1-click, they can also set it to turn off out-of-hours. A customised message will be displayed to the patient.
   - PATCHS also allows the practice to limit the number of requests by type (clinical/non-clinical) and by day, and hour of the day. Limits can also be set for individual staff members if they are on holiday or engaged in other activities. Here is some more information: request limiter (watch here) and by spreading demand in practice.
2. **What message patients will see when a practice switches PATCHS off?** This is a customisable message by the practice
3. **What happens to clinical requests coming into the admin inbox when all clinician capacity is saturated for that day?** Patients may try to misuse the system to submit clinical requests as admin requests when clinical slots are full. The Urgency AI, will analyse all requests and flag them if there is an emergency (to patient and practice) or it is urgent (practice only), to reduce clinical risk. To prevent misuse, we suggest making sure your PATCHS request limits are spread throughout the day. This will encourage patients to wait for the next slot rather submit a request incorrectly.
4. **How frequently do you need to configure the demand control?** It is set once at the start and then amended as need. It can be set on a daily or hourly basis and for different types of requests (clinical/admin). It can be disabled manually at any time.

Booked Slots

1. **How do booked slots help with demand management?** They allow you to schedule routine requests to be dealt with at a convenient time in the future. This allows you to manage non-on-the day demand, and prioritise on-the-day demand.
2. **How far in the future can you schedule appointments in?** For booked slots there's not limit.
3. **When a patient request has been assigned, is it possible for the patient to see what day (and possibly time) the request has been allocated to?** Should the request be assigned for a future date the

patient will receive a notification advising them of the date it will be reviewed. This can be managed via Booked slots/ Assigning requests to a particular date

4. **Can booked slots be linked to teams and within the teams' individual users?** These are configured just for individual staff user.

5. **For the availability of booked slots, is there a quick view for staff so they know how many slots a healthcare professional has available?** There is some more detail on how booked slots work here. When a staff member assigns to a user on a particular date they can see how many of that user's slots have been used up for that date.

6. **For booked slots and daily demand: If a request is received on date X but booked into a future slot on date Y, does it count as a request received on day X or day Y in terms of demand management?**
    o It will count against the tally of allowed incoming requests on the day it was received (date X). So if the practice had set the demand management to only allow 10 requests on date X then once the patient submits their request there would only be 9 left for that date.
    o The booked slots feature is slightly separate, because it applies to assigning requests to staff members. When a request is assigned to a specific staff member on a specific date (date Y) it counts against their assigned tally. If someone tries to assign a request to a staff member who is 'fully booked' on a particular date then they will be shown a pop-up and have to confirm that they are going over that staff member's slot count.
    o Should a GP Practice wish to deal with request limits for future dates then it's best to set them for individual staff members on the booked slots feature.

High Usage Patients

1. **How do you manage patients that are high users?** Practices have blocked patients who repeatedly over-use the system by disabling them in PATCHS

2. **What will the 'High Usage Patient-Management' feature support GP Practices with?** We will give the practice the ability to limit the number of requests each patient can submit over a certain time-period and a report to allow the practice to identify these patients to work with them in different ways

Friends and Family Test

Support requested from PPG members to hand out FFT forms to patients in waiting area. To email Karen with availability.

Friends and Family Test
January 2023

Total Count	20
Very Good	13
Good	6
Neither Good Nor Poor	1
Poor	0
Very Poor	0
Don't Know	0

November/December 2022

Total Count	8
Very Good	5
Good	3
Neither Good Nor Poor	0
Poor	0
Very Poor	0
Don't Know	0

October 2022

Total Count	41
Very Good	19
Good	15
Neither Good Nor Poor	6
Poor	1
Very Poor	0
Don't Know	0

Referral Process for patients

Patients are advised by GP when being referred to hospital to expect letter from booking team/telephone call if urgent. For referrals to podiatry and retinopathy for diabetic patients, the nurse will process the referral and normally advises patient to expect a call from team at Wolves (podiatry)or Widnes (retinopathy).

<u>Apex Management report</u>

Apex report shared with group prior to the meeting. Noted Practice is offering more appointments in comparison to last report shared to PPG in 2021 – 139 per 1000 patients per week, previous 130.

Noted increase in patients over 65 years.

Noted increase in last year of 9% more people being treated for depression, we have seen an increase in more people requesting support for mental health issues since the pandemic.

Increase of 15% more people being treated for hypertension (high blood pressure). This area is due to the clinical team being tasked with identifying this group of patients to make sure they are receiving correct treatment. Quality Outcomes Framework and Impact and Invest Funds targets (QOF and IIF) have been re-introduced since April 2022 to ensure people with long term conditions are receiving the correct care and treatment plans/annual reviews etc.

ACTIVE POPULATION

REGISTERED PATIENTS
16,266
WEIGHTED
16,432

51%   49%
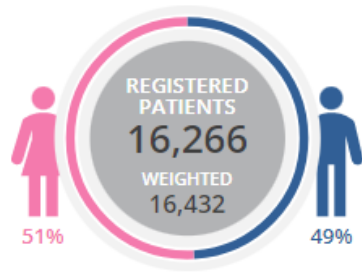
AVERAGE PRACTICE SIZE COMPARISON

STOCKTON HEATH ME...	16,266
SOUTH WARRINGTON ...	10,498
NHS WARRINGTON CCG	8,661
NORTH WEST	7,998
England	9,617
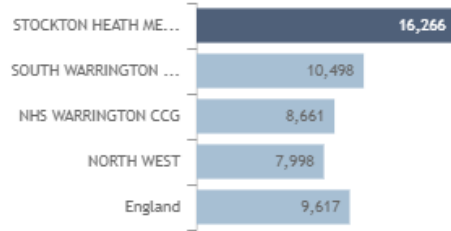
Children and Young People 0-17yr	Infants & Neonates (0-12 mth)	1	**16%** 2,672
	Toddlers (1-3 yr)	370	
	Children (4-10 yr)	1,039	
	Adolescents (11-17 yr)	1,262	
Working Age Adults 18-64yr	Young adults (18-44 yr)	4,577	**57%** 9,320
	Middle aged (45-64 yr)	4,743	
Older People 65+yr	65-79	2,845	**26%** 4,274
	80-89	1,093	
	90+	336	

Ages are estimated using the year-of-birth

POPULATION TREND

0.3% average annual growth rate

16,047 (2018)
16,054 (2019)
16,070 (2020)
16,283 (2021)
16,251 (2022)
16,302 (2023)
16,354 (2024)
16,406 (2025)
16,458 (2026)
16,510 (2027)

Future

In the coming years the **population is projected to get older**

46
2022

47
2027

Average age

3 in 8 of the population has at least one long-term condition

1 in 7 of the population has more than one long-term condition

No conditions	64%
1 condition	21%
2 conditions	8%
3+ conditions	7%

LONG-TERM CONDITION PREVALENCE BY AGE

16 to 24	25 to 44	45 to 64	65 to 74	75 and over
13%	23%	36%	60%	83%

AVERAGE MORTALITY AGE (12 months)

Male	Female
81.2 yrs	86.9 yrs

Patients on one or more repeat medication	---%
Care home patients	285
Housebound patients	106
Severely frail	78
Patients receiving palliative care	115
COVID-19 high risk	691

Long-term Condition	Number of Patients	Change in last 12-months	% of Population
Asthma	978	+13	6%
Atrial Fibrillation	535	+18	3%
Cancer	806	+23	5%
CHD	658	-13	4%
CKD	661	-18	4%
COPD	160	-5	1%
Dementia	261	-16	2%
Depression	1,531	+59	9%
Diabetes	842	-20	5%
Epilepsy	122	-1	1%

Long-term Condition	Number of Patients	Change in last 12-months	% of Population
Heart Failure	184	+10	1%
Hypertension	2,487	+44	15%
Learning Disability	110	-3	1%
Mental Health	120	+2	1%
Osteoporosis	317	+15	2%
Palliative Care	115	+22	1%
Peripheral Arterial Disease	137	-6	1%
Rheumatoid Arthritis	124	+4	1%
Stroke and TIA	402	-14	2%

10,031 appointments booked with an average of **139** per 1000 patients per week

Booked Appts.: 7,947 (Jan-22), 9,031 (Mar-22), 9,220 (May-22), 8,254 (Jul-22), 9,36_ (Sep-22), 10,852 (Nov-22) ... (Jan-23)

AVERAGE DAILY APPOINTMENT TIME (mins)

	M	T	W	T	F	S	S
AM	1,055	1,431	1,666	1,251	732	0	0
PM	780	927	982	875	504	0	0

DNAs

1 in 48 appointments were missed resulting in **39 hours** of wasted practitioner time

DNA rate: 2% (Jan-22), 2% (Dec-22), 2% (Jan-23)

207	total missed appts
0.4	FTEs
£6.2k	estimated cost

MODE OF CONTACT

⚠ 1,155 slots (5.8%) are not categorised and may be missing from these figures. Configure here.

- Face to face **44%** (44% Dec-22)
- Telephone **15%** (28% Dec-22)
- Home visit **1%** (1% Dec-22)
- Digital **27%** (26% Dec-22)

AVAILABILITY

60%	booked on the day (urgent)
4.0 days	average booked to seen time
3 mins	average time spent in waiting room

Booked to seen: On day 60%, 1 = 7%, 2-3 = 5%, 4-5 = 4%, 6-7 = 7%, 8-13 = 7%, 14+ = 10%

EXTENDED ACCESS

126	extended hour appointments
5h 3m	average time per week

Acceptable behaviour Agreement

Documents shared prior to meeting. PPG felt the template was good idea, be mindful of order the boxes are used. Letter template to be altered, PPG felt shorter/succinct would be better, less antagonistic.

PPG Together invite to meeting Monday 27 February 2023 for PPG's across Warrington to meet. Just need our group to be aware that other groups may have a different approach to running PPG, "one size does not fit all".

Next meeting: Wednesday 19th April at 5pm remote on TEAMS. *Will have breakdown of appointment usage and discussion about autumn flu campaign.*